

UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION		FILE NO. GK-HEF-966/ 500639.20033													
<p>As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">REGULATING VACUUM VALVE</p>															
<p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as United States patent application Serial Number _____.</p> <p><input type="checkbox"/> was filed on _____ as PCT international patent application No. _____ and was amended on _____ (if any).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:</p> <p>Prior Foreign Application(s)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">COUNTRY</th> <th style="width: 30%;">APPLICATION NUMBER</th> <th style="width: 25%;">DATE OF FILING <small>(day, month, year)</small></th> <th style="width: 20%;">PRIORITY CLAIMED UNDER 35 U.S.C. 119</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>YES ___ NO ___</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>YES ___ NO ___</td> </tr> </tbody> </table> <p>I hereby appoint REED SMITH LLP and the members of the firm: Lloyd McAulay, Reg. No. 20,423; Jules E. Goldberg, Reg. No. 24,408; Gerald H. Kiel, Reg. No. 25,116; Eugene LeDonne, Reg. No. 35,930; William H. Dippert, Reg. No. 26,723; Michael I. Wolfson, Reg. No. 24,750; Stephen Chin, Reg. No. 39,938; Arthur Dresner, Reg. No. 24,403; Daniel Lent, Reg. No. 44,867; and Harry K. Ahn, Reg. No. 40,243, as attorneys with full power of substitution and revocation to prosecute all business in the Patent & Trademark Office connected therewith and to receive all correspondence.</p> <p>SEND CORRESPONDENCE TO: Gerald H. Kiel, Esq. REED SMITH LLP 599 Lexington Avenue New York, New York 10022-7650 U.S.A.</p> <p style="text-align: center;">DIRECT TELEPHONE CALLS TO: (212) 521-5400</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				COUNTRY	APPLICATION NUMBER	DATE OF FILING <small>(day, month, year)</small>	PRIORITY CLAIMED UNDER 35 U.S.C. 119				YES ___ NO ___				YES ___ NO ___
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			YES ___ NO ___												
			YES ___ NO ___												
FULL NAME OF SOLE OR FIRST INVENTOR Richard FISCHER		INVENTOR'S SIGNATURE <i>Richard Fischer</i>													
DATE Sept. 18, 2003		RESIDENCE A-6830 Rankweil, Austria													
COUNTRY OF CITIZENSHIP Austria		POST OFFICE ADDRESS Montfortstrasse 5, A-6830 Rankweil, Austria													
FULL NAME OF SECOND INVENTOR (IF ANY)		INVENTOR'S SIGNATURE													
DATE		RESIDENCE													
COUNTRY OF CITIZENSHIP		POST OFFICE ADDRESS													